

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VF	6960	10/20/99
O.I.P.E. CLASSIFIER	J	17	10/22
FORMALITY REVIEW		71531	11.2.99

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) Canceled        A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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